FORMAT and FILE SPECIFICATIONS
for
MIRCal ONLINE TRANSMISSION:

INPATIENT DATA

~~April 2004~~
Effective with discharges occurring on or after July 1, 2008

Revised March 20, 2008

MIRCal
Medical Information Reporting for California

State of California
Office of Statewide Health Planning and Development (OSHPD)
Patient Data Section
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INPATIENT STANDARD FORMAT AND SPECIFICATIONS
FOR ONLINE TRANSMISSION

MINIMUM PC CONFIGUATION

1. Access to a personal computer (with the following minimum configuration)
   - 300MHz processor, 64 MB RAM, 4 GB hard drive (at least 500MB free)
   - High speed Internet connection (preferred) or 56k modem or faster
   - Microsoft Internet Explorer version 5.0 (or higher) with 128-bit Secure Socket Layer (SSL)
   - Adobe Acrobat Reader version 4.0 (or higher)
   - Virus Checking Software
   - File Compression Program MIRCal accepts files that are 3MB or less. Data files over 3MB must be compressed in order to be accepted by MIRCal.
   - ~~Optional CD-ROM~~
2. Internet access (ISP)
3. E-mail

STANDARD RECORD FORMAT

Deviation from the format will not be accepted
   - One reporting facility and time period per file
   - Standard ASCII character coding
   - Record length ~~520~~ 670 characters followed by a carriage return and line feed

ADDITIONAL REQUIREMENTS

   - No packed or binary data
   - No Null Values
   - The data file must be a text file with the extension of ".txt" (if zipped, submit the zipped file with a ".zip" extension)

FILE COMPRESSION

Data files may be compressed (zipped) to speed up the file uploading time. The following compression applications are supported and can be obtained from the manufacturer's website:
   - gzip
   - Pkzip
   - Winzip

~~FOR USE WITH DISCHARGES ON AND AFTER 1/1/2001~~
Effective with discharges occurring on or after 7/1/2008

INPATIENT STANDARD FORMAT AND SPECIFICATIONS
FOR ONLINE TRANSMISSION

Standard Record Format

Data Element	~~From~~ Start	~~Through~~ End	~~Format~~[4] Type & Size[1]
~~Patient's~~ Type of Care	1	1	N(1)
Facility Identification Number	2	7	N(6)
Date of Birth	8	15	N(8)
Sex	16	16	N(1)
Race			
Ethnicity	17	17	N(1)
Race	18	18	N(1)
ZIP Code	19	23	~~X~~ A/N(5)
Admission Date	24	31	N(8)
Source of Admission			
Site	32	32	N(1)
Licensure of Site	33	33	N(1)
Route of Admission	34	34	N(1)
Type of Admission	35	35	N(1)
Discharge Date	36	43	N(8)
Principal Diagnosis	44	~~48~~ 50	~~X~~ A/N(~~5~~ 7)[2]
~~Principal Diagnosis Present at Admission~~			
Present on Admission for Principal Diagnosis	~~49~~ 51	~~49~~ 51	A/N(1)
~~Other Diagnoses~~	~~50~~	~~----~~	~~X(5)²~~
Other Diagnoses and Present ~~at~~ on Admission	~~----~~ 52	~~193~~ 243	A/N(~~1~~ 192)[2]

    These are in pairs:
      Up to 24 Other Diagnoses, each with 7 A/N characters and
      Up to 24 Present on Admission Indicators each with 1 A/N character:
        24 x 7 = 168 and 24 X 1 = 24
        Total number of spaces: 168 + 24 = **192**

Data Element	Start	End	Type & Size
Principal Procedure Code	~~194~~ 244	~~197~~ 250	~~X~~ A/N(~~4~~ 7)[3]
Principal Procedure Date	~~198~~ 251	~~205~~ 258	~~X~~ N(8)
Other Procedure Codes and			
Other Procedures Dates	~~----~~ 259	~~445~~ 558	~~X~~ N(~~8~~ 300)[3]

    These are in pairs:
      Up to 20 Other Procedure Codes, each with 7 A/N characters and
      Up to 20 Other Procedure Dates, each with 8 A/N character:
        20 x 7 = 140 and 20 X 8 = 160
        Total number of spaces: 140 + 160 = **300**

Data Element	Start	End	Type & Size
Principal External Cause of Injury E-Code	~~446~~ 559	~~450~~ 565	~~X~~ A/N(~~5~~ 7)[4]
Present on Admission for Principal External Cause of Injury E-Code	566	566	A/N(1)
Other External Cause of Injury E-Code~~s~~ Present on Admission	~~451~~ 567	~~470~~ 598	~~X~~ A/N(~~5~~ 32)[4]

    These are in pairs:
      Up to 4 Other E-Codes, each with 7 A/N characters and
      Up to 4 Present on Admission Indicators each with 1 A/N character:
        4 x 7 = 28 and 4 X 1 = 4
        Total number of spaces: 28 + 4 = **32**

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INPATIENT STANDARD FORMAT AND SPECIFICATIONS
FOR ONLINE TRANSMISSION

__Data Element__	~~From~~ __Start__	~~Through~~ __End__	~~Format~~[4] __Type & Size__[1]
Patient's Social Security Number	~~474~~ 599	~~479~~ 607	N(9)
Disposition of Patient	~~480~~ 608	~~481~~ 609	N(2)
Total Charges	~~482~~ 610	~~488~~ 616	N(7)
Abstract Record Number	~~489~~ 617	~~500~~ 628	~~X~~ A/N(12)
Prehosp Care & Resuscitation-DNR Order	~~501~~ 629	~~501~~ 629	A(1)
~~Unused~~	~~502~~	~~502~~	~~X(1)~~
Expected Source of Payment			
Payer Category	~~503~~ 630	~~504~~ 631	N(2)
Type of Coverage	~~505~~ 632	~~505~~ 632	N(1)
Plan Code Number	~~506~~ 633	~~509~~ 636	N(4)
~~Unused~~	~~510~~	~~520~~	~~X(11)~~
National Provider ID	637	646	N(10)
Principal Language Spoken	647	670	A/N(24)

Footnotes are on ~~Page 5~~ the next page

FOOTNOTES

[1] ~~Format~~ Type & Size indicates data type and length (in parentheses). Data type is defined as:

    A = Alpha
    N = Numeric
    ~~X~~ A/N = Alphanumeric

[2] ~~This variable and its format occurs 24 times. Fill from the left-most position and **DO NOT** skip fields. Each other diagnosis and its condition present at admission is paired. The first pair is in positions 50-55, the second pair in 56-61, the third pair in 62-67, and so on consecutively through 24 pairs.~~ Principal and Other Diagnosis fields allow for expansion to accommodate ICD-10-CM codes, which are 7 alphanumeric characters, without the decimal point. Until ICD-10-CM implementation, ICD-9-CM codes will be reported, and consist of 5 alphanumeric characters, without the decimal point, with the last two (2) positions space-filled.

[3] ~~This variable and its format occurs 20 times. Fill from the left-most position and DO NOT skip fields. Each other procedure and its date is paired. The first pair is in positions 206-217, the second pair in 218-229, the third pair in 230-241, and so on consecutively though 20 pairs.~~ Principal and Other Procedure Code fields allow for expansion to accommodate ICD-10-PCS codes, which are 7 alphanumeric characters without the decimal point. Until ICD-10-PCS implementation, ICD-9-CM codes will be reported, and consist of 4 alphanumeric characters, without the decimal point, with the last three (3) positions space-filled.

[4] ~~This variable and its format occurs 4 times. Fill from the left-most position and **DO NOT** skip fields.~~ Principal and Other Cause of Injury E-Codes fields allow for expansion to accommodate ICD-10-CM codes, which are 7 alphanumeric characters, without the decimal point. Until ICD-10-PCS implementation, ICD-9-CM codes will be reported, and consist of 5 alphanumeric characters, without the decimal point, with the last two (2) positions space-filled.

~~FOR USE WITH DISCHARGES ON AND AFTER 1/1/2001~~
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INPATIENT STANDARD FORMAT AND SPECIFICATIONS
FOR ONLINE TRANSMISSION

PATIENT'S TYPE OF CARE

Record Position:	1
Data Length:	1
Data Type:	Numeric
Codes:	1 = Acute Care
	3 = Skilled Nursing/Intermediate Care
	4 = Psychiatric Care
	5 = Chem Dependency Recovery Care
	6 = Physical Rehabilitation Care

FACILITY IDENTIFICATION NUMBER

Record Positions:	2 through 7
Data Length:	6
Data Type:	Numeric
Codes:	Facility Identification Number (the unique facility number assigned by OSHPD). This field is required for each record.

DATE OF BIRTH

Record Positions:	8 through 15
Data Length:	8
Data Type:	Numeric
Codes:	<u>99</u> <u>99</u> <u>9999</u>
	Month Day Year

Special Instructions:	Single-digit months and days must include a preceding zero.

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INPATIENT STANDARD FORMAT AND SPECIFICATIONS
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SEX

Record Position:	16
Data Length:	1
Data Type:	Numeric
Codes:	1 = Male
	2 = Female
	3 = Other
	4 = Unknown

RACE

ETHNICITY

Record Position:	17
Data Length:	1
Data Type:	Numeric
Codes:	1 = Hispanic
	2 = Non-Hispanic
	3 = Unknown

RACE

Record Position:	18
Data Length:	1
Data Type:	Numeric
Codes:	1 = White
	2 = Black
	3 = Native American/Eskimo/Aleut
	4 = Asian/Pacific Islander
	5 = Other
	6 = Unknown

~~FOR USE WITH DISCHARGES ON AND AFTER 1/1/2001~~
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INPATIENT STANDARD FORMAT AND SPECIFICATIONS
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ZIP CODE

Record Positions:	19 through 23
Data Length:	5
Data Type:	Alphanumeric
Codes:	5-digit ZIP Code
	XXXXX = Unknown
	YYYYY = Foreign
	ZZZZZ = Homeless

ADMISSION DATE

Record Positions:	24 through 31
Data Length:	8
Data Type:	Numeric
Codes:	<u>99</u> <u>99</u> <u>9999</u>
	Month Day Year

Special Instructions:	Single-digit months and days must include a preceding zero.

SOURCE OF ADMISSION
   SITE

Record Position:	32
Data Length:	1
Data Type:	Numeric
Codes:	1 = Home
	2 = Residential Care Facility
	3 = Ambulatory Surgery
	4 = Skilled Nursing/Intermediate Care
	5 = Acute (Inpatient) Hospital Care
	6 = Other (Inpatient) Hospital Care
	7 = Newborn
	8 = Prison/Jail
	9 = Other

~~FOR USE WITH DISCHARGES ON AND AFTER 1/1/2001~~
Effective with discharges occurring on or after 7/1/2008

SOURCE OF ADMISSION (CONTINUED)

LICENSURE OF SITE

Record Position:	33
Data Length:	1
Data Type:	Numeric
Codes:	1 = This Hospital
	2 = Another Hospital
	3 = Not a Hospital

ROUTE OF ADMISSION

Record Position:	34
Data Length:	1
Data Type:	Numeric
Codes:	1 = ~~Your~~ Your Emergency Room
	2 = Not ~~Your~~ Your Emergency Room

TYPE OF ADMISSION

Record Position:	35
Data Length:	1
Data Type:	Numeric
Codes:	1 = Scheduled
	2 = Unscheduled
	3 = Infant, under 24 hrs old
	4 = Unknown

DISCHARGE DATE

Record Positions:	36 through 43		
Data Length:	8		
Data Type:	Numeric		
Codes:	99	99	9999
	Month	Day	Year

Special Instructions:	Single-digit months and days must include a preceding zero.

~~FOR USE WITH DISCHARGES ON AND AFTER 1/1/2001~~
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INPATIENT STANDARD FORMAT AND SPECIFICATIONS
FOR ONLINE TRANSMISSION

PRINCIPAL DIAGNOSIS

Record Positions:	44 through ~~48~~ <u>50</u>
Data Length:	~~5~~ <u>7 (Allows for future reporting of ICD-10-CM)</u>
Data Type:	Alphanumeric
Codes:	International Classification of Diseases, 9th Revision, Clinical Modification

Special Instructions: The ICD-9-CM code must be left-justified and space-filled.   Do not code the decimal point ~~(example: 80521)~~. <u>Example: Code the diagnosis as '80521   '. (The last 2 positions are spaces.)</u> Do not include E-codes or M-codes. The default value is all spaces.

~~PRINCIPAL DIAGNOSIS CONDITION PRESENT AT ADMISSION~~

<u>PRESENT ON ADMISSION (POA) for PRINCIPAL DIAGNOSIS</u>

Record Position:	~~49~~ <u>51</u>
Data Length:	1
Data Type:	~~Alpha~~ <u>Alphanumeric</u>
Codes:	Y = Yes
	N = No
	U = Uncertain
	<u>W = Clinically undetermined</u>
	<u>' ' (blank) = Code is exempt from POA reporting</u>

Special Instructions: <u>When there is an exempt diagnosis code, the value for POA is a space.</u>

~~OTHER DIAGNOSES~~

~~Record Positions:~~	~~50 through 54, 56-60, 62-66, etc. consecutively through 24 codes ending in position 192~~
~~Data Length:~~	~~5~~
~~Data Type:~~	~~Alphanumeric~~
~~Codes:~~	~~International Classification of Diseases, 9th Revision, Clinical Modification~~

~~FOR USE WITH DISCHARGES ON AND AFTER 1/1/2001~~
<u>Effective with discharges occurring on or after 7/1/2008</u>

Special Instructions: The ICD-9CM code must be left-justified and space-filled. Fill from the left-most position and **DO NOT** skip fields. Do not code the decimal point (example: 80521). Do not include E-codes or M-codes.
The default value is all spaces.

OTHER DIAGNOSES CONDITIONS PRESENT AT ADMISSION

Record Positions: 55, 61, 67, etc. consecutively through 24 codes ending in position 193

Data Length: 1
Data Type: Alpha
Codes: Y = Yes

N = No

U = Uncertain

OTHER DIAGNOSES AND PRESENT ON ADMISSION

OTHER DIAGNOSES

Record Position: For each Other Diagnosis field:
52-58; 60-66; 68-74; 76-82; 84-90; 92-98; 100-106; 108-114; 116-122; 124-130; 132-138; 140-146; 148-154; 156-162; 164-170; 172-178; 180-186; 188-194; 196-202; 204-210; 212-218; 220-226; 228-234; and 236-242
Maximum of 24 Other Diagnosis fields, ending in position 242

FOR USE WITH DISCHARGES ON AND AFTER 1/1/2001
Effective with discharges occurring on or after 7/1/2008

OTHER DIAGNOSES (CONTINUED)

Data Length:	7 (Allows for future reporting of ICD-10-CM)
Data Type:	Alphanumeric
Codes:	International Classification of Diseases, 9th Revision, Clinical Modification

Special Instructions:	The ICD-9-CM code must be left-justified and space-filled. Fill from the left-most position and **DO NOT** skip fields. Do not code the decimal point.
	Example: For position 52-58, code the diagnosis as '80521 '. (The last 2 positions are spaces.)
	Do not include E-codes or M-codes. The default value is all spaces.

PRESENT ON ADMISSION FOR OTHER DIAGNOSES

Record Position:	For each Other POA field:
	59, 67, 75, 83, 91, 99, 107, 115, 123, 131, 139, 147, 155, 163, 171, 179, 187, 195, 203, 211, 219, 227, 235, and 243
	Maximum of 24 Present on Admission fields ending in position 243
Data Length:	1
Data Type:	Alphanumeric
Codes:	Y = Yes
	N = No
	U = Unknown
	W = Clinically undetermined
	' ' (blank) = Exempt from POA reporting

Special Instructions:	When there is an exempt diagnosis code, the value for POA is a space.

~~FOR USE WITH DISCHARGES ON AND AFTER 1/1/2001~~
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INPATIENT STANDARD FORMAT AND SPECIFICATIONS
FOR ONLINE TRANSMISSION

PRINCIPAL PROCEDURE ~~AND DATE~~
~~PRINCIPAL PROCEDURE CODE~~

Record Position~~s~~:	~~194 through 197~~ 244-250
Data Length:	~~4~~ 7 (Allows for future reporting of ICD-10-PCS)
Data Type:	Alphanumeric
Codes:	International Classification of Diseases, 9th Revision, Clinical Modification

Special Instructions:	The Principal Procedure Code must be left-justified and space-filled. Do not code the decimal point ~~(example: 0523)~~. Example: Code the procedure as '0523 '. (The last 3 positions are spaces.) When there is no Principal Procedure, the default value is all spaces.

~~PRINCIPAL PROCEDURE DATE~~
PRINCIPAL PROCEDURE DATE

Record Position~~s~~:	~~198 through 205~~ 251-258		
Data Length:	8		
Data Type:	~~Alphanumeric~~ Numeric		
Codes:	99	99	9999
	Month	Day	Year

Special Instructions:	Single-digit months and days must include a preceding zero. When there is no Principal Procedure, the default value is all spaces.

OTHER PROCEDURES AND DATES

OTHER PROCEDURE CODES

Record Positions: ~~206 through 209, 218-221, 230-233, etc. consecutively through 20 codes ending in position 437~~ For each Other Procedure field: 259-265; 274-280; 289-295; 304-310; 319-325; 334-340; 349-355; 364-370; 379-385; 394-400; 409-415; 424-430; 439-445; 454-460; 469-475; 484-490; 499-505; 514-520; 529-535; and 544-550. Maximum of 20 Other Procedures, ending in position 550

Data Length: ~~4~~ 7 (Allows for future reporting of ICD-10-PCS)

Data Type: Alphanumeric

Codes: International Classification of Diseases, 9th Revision, Clinical Modification

Special Instructions: Other Procedure Codes must be left-justified and space-filled. Fill from the left-most position and **DO NOT** skip fields. Do not code the decimal point ~~(example: 0523)~~. Example: In position 259-265, code the procedure as '0523   '. (The last 3 positions are spaces.)
When there are no Other Procedures, the default value is all spaces.

OTHER PROCEDURE DATES

Record Positions: ~~210 through 217, 222-229, 234-241, etc. consecutively through 20 codes ending in position 445~~ For Other Procedure Date fields: 266-273; 281-288; 296-303; 311-318; 326-333; 341-348; 356-363; 371-378; 386-393; 401-408; 416-423; 431-438; 446-453; 461-468; 476-483; 491-498; 506-513; 521-528; 536-543; and 551-558   Maximum of 20 Other Procedure Dates, ending in position 558

Data Length: 8

~~FOR USE WITH DISCHARGES ON AND AFTER 1/1/2001~~
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INPATIENT STANDARD FORMAT AND SPECIFICATIONS
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Data Type: ~~Alphanumeric~~ Numeric

Codes: <u>99</u> <u>99</u> <u>9999</u>

Month Day Year

Special Instructions: Single-digit months and days must include a preceding zero. When there are no Other Procedures Codes, the default value is all spaces.

PRINCIPAL <u>EXTERNAL CAUSE OF INJURY E-CODE</u>

Record Positions: ~~446~~ <u>559</u> through ~~450~~ <u>565</u>

Data Length: ~~5~~ <u>7 (Allows for future reporting of ICD-10-CM)</u>

Data Type: Alphanumeric

Codes: International Classification of Diseases, 9th Revision, Clinical Modification

Special Instructions: The ICD-9-CM code must be left-justified and space-filled. Code the 'E' on the file, but do not code the decimal point ~~(example: E8799)~~.
<u>Example: Code the cause of injury as 'E8799 '. (The last 2 positions are spaces.)</u>
<u>When there is no Principal E-Code,</u> the default value is all spaces.

~~OTHER E-CODES~~

~~Record Positions:~~ ~~451 through 455, 456-460, 461-465, and 466-470 (maximum of 4 E-Codes)~~

~~Data Length:~~ ~~5~~

~~Data Type:~~ ~~Alphanumeric~~

~~Codes:~~ ~~International Classification of Diseases, 9th Revision, Clinical Modification~~

~~Special Instructions:~~ ~~The ICD-9-CM code must be left-justified and space-filled. Code the "E" on the file, but do not code the decimal point (example E8490).~~
~~The default value is all spaces.~~

~~FOR USE WITH DISCHARGES ON AND AFTER 1/1/2001~~
<u>**Effective with discharges occurring on or after 7/1/2008**</u>

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INPATIENT STANDARD FORMAT AND SPECIFICATIONS
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PRESENT ON ADMISSION FOR PRINCIPAL EXTERNAL CAUSE OF INJURY E-CODE

Record Position:	566
Data Length:	1
Data Type:	Alphanumeric
Codes:	Y = Yes
	N = No
	U = Unknown
	W = Clinically undetermined
	' ' (blank) = Exempt from POA reporting
Special Instructions:	When there is an exempt E-code, the value is a space.

OTHER EXTERNAL CAUSE OF INJURY E-CODE & PRESENT ON ADMISSION

OTHER EXTERNAL CAUSE OF INJURY E-CODE

Record Position:	For each Other Cause of Injury E-Code: 567-573; 575-581; 583-589; 591-597 Maximum of 4 Other E-Code fields, ending in position 597
Data Length:	7 (Allows for future reporting of ICD-10-CM)
Data Type:	Alphanumeric
Codes:	International Classification of Diseases, 9th Revision, Clinical Modification
Special Instructions:	The ICD-9-CM code must be left-justified and space-filled. Code the "E" on the file, but do not code the decimal point. Example: In field 567-573, code as 'E8799 '. (The last 2 positions are spaces.) When there are no Other E-Codes, the default value is all spaces.

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INPATIENT STANDARD FORMAT AND SPECIFICATIONS
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PRESENT ON ADMISSION FOR OTHER EXTERNAL CAUSE OF INJURY E-CODE

Record Position:	For each Other POA field:
	574, 582, 590, 598
	Maximum of 4 POA fields, ending in position 598
Data Length:	1
Data Type:	Alphanumeric
Codes:	Y = Yes
	N = No
	U = Unknown
	W = Clinically undetermined
	' ' (blank) = Exempt from POA reporting
Special Instructions:	When there is an exempt E-code, the value is a space.

PATIENT'S SOCIAL SECURITY NUMBER

Record Positions:	~~474~~ 559 through ~~479~~ 607
Data Length:	9
Data Type:	Numeric
Codes:	Enter the full 9-digit SSN including zeros. **DO NOT** use hyphens. Enter 000000001 (Unknown) if the SSN is not recorded in the patient's medical record.

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INPATIENT STANDARD FORMAT AND SPECIFICATIONS
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DISPOSITION OF PATIENT

Record Positions:	~~480~~ 608 through ~~481~~ 609
Data Length:	2
Data Type:	Numeric
Codes:	01 = Routine Discharge
	02 = Acute Care within This Hospital
	03 = Other Type of Hospital Care within this Hospital (Psych, Chem Dep, Physical Rehab)
	04 = Skilled Nursing/Intermediate Care within This Hospital
	05 = Acute Care at Another Hospital
	06 = Other Type of Hospital Care at Another Hospital (Not Skilled Nursing/Intermediate Care)
	07 = Skilled Nursing/Intermediate Care Elsewhere
	08 = Residential Care Facility
	09 = Prison/Jail
	10 = Against Medical Advice
	11 = Died
	12 = Home Health Service
	13 = Other
Special Instructions:	Single digit values must include a preceding zero.

TOTAL CHARGES

Record Positions:	~~482~~ 610 through ~~488~~ 616
Data Length:	7
Data Type:	Numeric
Codes:	Whole dollars only—no cents. Code 9999999 for Total Charges exceeding 7 positions.
Special Instructions:	Total Charges must be right-justified, zero-filled, and unsigned. The default value is all zeros.

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INPATIENT STANDARD FORMAT AND SPECIFICATIONS
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ABSTRACT RECORD NUMBER (OPTIONAL)

Record Positions:	~~489~~ 617 through ~~500~~ 628
Data Length:	12
Data Type:	Alphanumeric
Code:	Optional medical record number or any patient identification number assigned by the facility.
Special Instructions:	The Abstract Record Number must be left-justified and space-filled. If not reported, the default value is all spaces.

~~DO NOT RESUSCITATE (DNR) ORDER~~
PREHOSPITAL CARE & RESUSCITATION - DNR ORDER

Record Position:	~~504~~ 629
Data Length:	1
Data Type:	Alpha
Codes:	Y = Yes
	N = No

~~UNUSED~~

~~Record Position:~~	~~502~~
~~Data Length:~~	~~1~~
~~Data Type:~~	~~Alphanumeric~~
~~Codes:~~	~~Space~~

~~**FOR USE WITH DISCHARGES ON AND AFTER 1/1/2001**~~
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EXPECTED SOURCE OF PAYMENT

PAYER CATEGORY

Record Positions:	~~503~~ 630 through ~~504~~ 631
Data Length:	2
Data Type:	Numeric
Codes:	01 = Medicare
	02 = Medi-Cal
	03 = Private Coverage
	04 = Workers' Compensation
	05 = County Indigent Programs
	06 = Other Government
	07 = Other Indigent
	08 = Self Pay
	09 = Other Payer
Special Instructions:	Single-digit codes must include a preceding zero.

TYPE OF COVERAGE

Record Position:	~~505~~ 632
Data Length:	1
Data Type:	Numeric
Codes:	1 = Managed Care – Knox-Keene or Medi-Cal County Organized Health System
	2 = Managed Care – Other
	3 = Traditional Coverage
Special Instructions:	Type of Coverage MUST be reported if Payer Category equals 01, 02, 03, 04, 05, or 06. If Payer Category equals 07, 08, or 09, then the default value is zero.

~~FOR USE WITH DISCHARGES ON AND AFTER 1/1/2001~~
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<u>EXPECTED SOURCE OF PAYMENT (<small>CONTINUED</small>)</u>

P<small>LAN</small> C<small>ODE</small> N<small>UMBER</small>

Record Positions:	~~506~~ 633 through ~~509~~ 636
Data Length:	4
Data Type:	Numeric
Codes:	~~Refer to California Code of Regulations, Section 97232, Definition of Data Element – Expected Source of Payment-Plan Codes~~ For a list of valid codes, refer to the Definitions of Data Elements – Expected Source of Payment, Section 97232 (3), of the California Inpatient Data Reporting Manual.
Special Instructions:	The Plan Code Number must be right-justified ~~and zero-filled~~. The Plan Code Number MUST be reported if Type of Coverage equals 1. If Type of Coverage equals 2 or 3, then the default value is zero (0000).

~~Unused fields~~

~~Record Positions:~~	~~510 through 520~~
~~Data Length:~~	~~11~~
~~Data Type:~~	~~Alphanumeric~~
~~Codes:~~	~~Spaces~~

<u>NATIONAL PROVIDER IDENTIFIER (NPI)</u>

<u>Record Position:</u>	<u>637 through 646</u>
<u>Data Length:</u>	<u>10</u>
<u>Data Type:</u>	<u>Numeric</u>
<u>Codes:</u>	<u>Assigned by the CMS National Plan and Provider Enumeration System (NPPES)</u>
<u>Special Instructions:</u>	<u>This is a placeholder for the National Provider Identifier. Facilities may report their NPI, but it is not required by OSHPD. The default value is all zeroes.</u>

~~FOR USE WITH DISCHARGES ON AND AFTER 1/1/2001~~
<u>Effective with discharges occurring on or after 7/1/2008</u>

PRINCIPAL LANGUAGE SPOKEN

Record Position:	647 through 670
Data Length:	24
Data Type:	Alphanumeric
Codes:	Refer to Section 97234, of the California Inpatient Data Reporting Manual for a list of valid codes.
Special Instructions:	To be reported on discharges occurring on or after January 1, 2009. This is a free-text field. Enter either one 3-digit value, or if the Principal Language Spoken is not one of the codes listed in the Reporting Manual, then enter the Principal Language Spoken, up to 24 characters. The default value is all spaces.

~~FOR USE WITH DISCHARGES ON AND AFTER 1/1/2001~~
Effective with discharges occurring on or after 7/1/2008